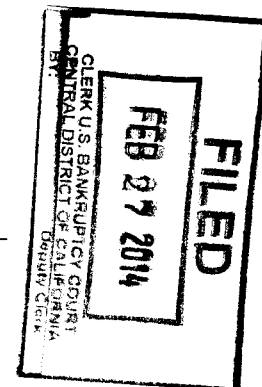


UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION



In re
DUANE LA SALLE JONES
Debtor

Case No. **2:14-bk-12798-VZ**

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 303,000.00		
B - Personal Property	YES	3	\$ 2,830.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 580,198.72	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	1		\$ 37,000.00	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 4,230.00
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 3,622.00
TOTAL		15	\$ 305,830.00	\$ 617,198.72	

ORIGINAL

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

In re

Case No. 2:14-bk-12798-VZ

DUANE LA SALLE JONES

Chapter 13

Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 4,230.00
Average Expenses (from Schedule J, Line 22)	\$ 3,622.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,019.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 277,198.72
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 37,000.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 314,198.72

In re DUANE LA SALLE JONES,DebtorCase No. 2:14-bk-12798-VZ

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Primary Residence - Multi-Family Home 3951 1/2 3rd Avenue Los Angeles, CA 90008 The debtor has filed motions to remove recorded liens Ford Mtr Credit and Chrysler The debtor will file motion to remove second mortgage Beneficial California	Fee Simple Ownership		\$300,000.00	\$566,274.23
Cemetery plot (still owe 3,000.00)	100%		\$3,000.00	\$0.00
Total ►			\$303,000.00	

(Report also on Summary of Schedules.)

In re DUANE LA SALLE JONES,

Debtor

Case No. 2:14-bk-12798-VZ

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash On Hand		\$10.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking accounts and one savings account		\$200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture and Goods		\$500.00
		Lapton computer and printer		\$200.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and related Items		\$20.00
6. Wearing apparel.		Clothes and Shoes		\$500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		Two guns and misc. sports equipment		\$300.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Life Insuranc policies-No cash value		\$0.00
10. Annuities. Itemize and name each issuer.	X			

In re **DUANE LA SALLE JONES,**

Debtor

Case No. **2:14-bk-12798-VZ**
 (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Class B (truck drivers license)		\$0.00

In re DUANE LA SALLE JONES,

Debtor

Case No. 2:14-bk-12798-VZ

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1991 Chevy truck (paid full (180k milage/needs repair)		\$1,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

2 continuation sheets attached

Total ►

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

\$2,830.00

In re DUANE LA SALLE JONES,

Debtor

Case No. 2:14-bk-12798-VZ

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash On Hand	CCP §704.080	\$10.00	\$10.00
Checking accounts and one savings account	CCP §704.080	\$200.00	\$200.00
Furniture and Goods	C.C.P. § 704.020	\$500.00	\$500.00
Books and related Items	C.C.P. § 704.020	\$20.00	\$20.00
Clothes and Shoes	C.C.P. § 704.020	\$500.00	\$500.00
Jewelry	C.C.P. § 704.040	\$100.00	\$100.00
Two guns and misc. sports equipment	C.C.P. § 704.020	\$300.00	\$300.00
Life Insuranc policies-No cash value	C.C.P. § 704.100(b)	\$0.00	\$0.00
Class B (truck drivers license)	C.C.P. § 704.020	\$0.00	\$0.00
1991 Chevy truck (paid full (180k milage/needs repair)	C.C.P. § 704.010	\$1,000.00	\$1,000.00
Lapton computer and printer	C.C.P. § 704.020	\$200.00	\$200.00

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **DUANE LA SALLE JONES**

Debtor

Case No. **2:14-bk-12798-VZ**

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1748 Beneficial / HSBC PO Box 3325 Buffalo, NY 14240			08/2007 Secondary Mortgage 3951-3951 1/2 3rd Avenue Los Angeles, CA 90008 The debtor has filed motions to remove the See Attachment 1 VALUE \$ \$300,000.00				\$142,847.00	\$142,847.00
ACCOUNT NO. Inglewood Park Cemetary PO Box 6042 Inglewood, CA 90312			Burial Plot Cemetary plot (still owe 3,000.00 VALUE \$ \$3,000.00				\$3,000.00	
ACCOUNT NO. 4172 McDowell & Associates 3636 Birch St Ste 290 Newport Beach, CA 92660			2010 Judgment Lien Judgment lien-Chrysler 3951-3951 1/2 3rd Ave, Los Angeles, CA 90008 See Attachment 2 VALUE \$ \$300,000.00				\$10,923.46	\$10,923.46
ACCOUNT NO. 4172 McDowell & Associates 3636 Birch St Ste 290 Newport Beach, CA 92660			2010 Judgment Lien Judgment-Ford Motor Credit 3951-3951 1/2 3rd Avenue Los Angeles, CA 90008 The debtor See Attachment 3 VALUE \$ \$300,000.00				\$11,981.26	\$11,981.26

1 continuation sheets attached

Subtotal ►
(Total of this page)

Total ►
(Use only on last page)

\$ **168,751.72** \$ **165,751.72**

\$ \$

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re **DUANE LA SALLE JONES**

Main Document Page 9 of 61

Case No. 2:14-bk-12798-VZ

Debtor

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 3631 Wells Fargo Home Mortgage PO Box 30427 Los Angeles, CA 90030			06/08/2006 First Mortgage 3951-3951 1/2 3rd Avenue, Los Angeles, CA 90008 The debtor has filed motions to See Attachment 4 VALUE \$ \$300,000.00				\$411,447.00	\$111,447.00

Sheet no. 1 of 1 continuation
sheets attached to Schedule of
Creditors Holding Secured
Claims

Subtotal (s) ►
(Total(s) of this page)

Total(s) ►
(Use only on last page)

\$	411,447.00	\$	111,447.00
\$	580,198.72	\$	277,198.72

(Report also on
Summary of Schedules.)

(If applicable, report also on
Statistical Summary of Certain
Liabilities and Related Data.)

Attachment

Attachment 1

recorded liens for Ford Motor Credit and Chrysler. The debtor will file a motion to remove second mortgage Beneficial California

Attachment 2

The Debtor has filed motions to remove recorded liens for Ford Motor Credit and Chrysler

Attachment 3

has filed motions to remove recorded liens for Ford Motor Credit and Chrysler
The debtor will file a motion to remove the second mortgage, Beneficial California.

Attachment 4

Attachment 4

remove recorded liens
for Ford Motor Credit and Chrysler. The debtor will
file a motion to remove the second mortgage,
Beneficial California.

In re

DUANE LA SALLE JONES

Debtor

Case No. 2:14-bk-12798-VZ

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Filed 02/27/14

4:14:47:19
2013 USBC Co

Desc

Page 12 of 61

Case No. 2:14-bk-12798-VZ
(if known)

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY

Sheet no. 1 of 0 continuation sheets attached to Schedule
of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 0.00	\$ 0.00	\$0.00
\$		
	\$	\$

In re **DUANE LA SALLE JONES**

Case No. **2:14-bk-12798-VZ**

Debtor

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>See instructions above.</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1748 Bebeficia/HSBC c/o Asset Acceptance PO Box 2036 Warren, MI 48090			08/2007 Personal Loan				\$12,000.00
ACCOUNT NO. 4172 MacDowell & Associates 3636 Birch St Ste 290 Newport Beach, CA 92660	X		2009 Transportation Services Judgment lien				\$12,000.00
ACCOUNT NO. 6166 MacDowell & Associates 3636 Birch St Newport Beach, CA 92660			2009 Transportation Services Judgment lien				\$13,000.00
Subtotal▶							\$ 37,000.00
Total▶							\$ 37,000.00

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

0 continuation sheets attached

In re DUANE LA SALLE JONES,

Debtor

Case No. 2:14-bk-12798-VZ

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Gloria Joseph 3951 3rd Avenue Los Angeles, CA 90008	Description: 3951 3rd Avenue, Los Angeles, CA 90008 Nature of Debtor's Interest: Lessor

[illegible]

Fill in this information to identify your case:

Debtor 1 **DUANE LA SALLE JONES**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **Central District of California**

Case number **2:14-bk-12798-VZ**
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Occupation

Garage Attendant

Employer's name

City of Los Angeles

Employer's address

555 Ramirez St

Number Street

Number Street

Los Angeles, CA 90000

City State ZIP Code

City State ZIP Code

How long employed there? **25yrs**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$4,100.00	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$0.00	+ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$4,100.00	\$0.00

Debtor 1

DUANE LA SALLE JONES

Main Document Page 17 of 61

Case number (if known)

2:14-bk-12798-VZ

First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ 4,100.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 939.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 939.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,161.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,069.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,069.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,230.00	\$ 0.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,230.00 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 **DUANE LA SALLE JONES**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **Central District of California**

Case number **2:14-bk-12798-VZ**
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

\$2,480.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$240.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

Debtor 1

DUANE LA SALLE JONES

First Name Middle Name Last Name

Case number (if known) **2:14-bk-12798-VZ**

	Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 100.00
6b. Water, sewer, garbage collection	6b. \$ 100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 40.00
6d. Other. Specify: <u>Cellular Phone</u>	6d. \$ 75.00
7. Food and housekeeping supplies	7. \$ 300.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 0.00
10. Personal care products and services	10. \$ 0.00
11. Medical and dental expenses	11. \$ 40.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 150.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 45.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 52.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$
17d. Other. Specify: _____	17d. \$
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1

DUANE LA SALLE JONES

First Name Middle Name Last Name

Case number (if known) **2:14-bk-12798-VZ**

21. **Other.** Specify: _____

21. **+\$0.00** _____

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. **\$3,622.00** _____

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$4,230.00** _____

23b. Copy your monthly expenses from line 22 above.

23b. **-\$3,622.00** _____

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. **\$608.00** _____

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

In re **DUANE LA SALLE JONES**

Debtor

Case No. **2:14-bk-12798-VZ**

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 2-26-14Signature: Duane La Salle Jones**DUANE LA SALLE JONES** Debtor

Date _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Albert Knowles dba The Bankruptcy Clinic**565-40-6010**Printed or Typed Name and Title, if any,
of Bankruptcy Petition PreparerSocial Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

**6109 S Western Ave Suite 207, Los Angeles,
California 90047**

Address

X

Signature of Bankruptcy Petition Preparer

Date 2/26/2014

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

In re: DUANE LA SALLE JONES

Debtor

Case No 2:14-bk-12798-VZ

(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):
\$8,523.00

Employment YTD

Previous Year 1 (2013):
\$52,999.00

Employment

Previous Year 2 (2012):
\$45,329.00

Employment

Spouse:

N/A

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):
\$2,138.00

Rent YTD

Previous Year 1 (2013):
\$12,828.00

Rent

Previous Year 2 (2012):
\$12,828.00

Rent

Spouse:
N/A

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None
☒

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	----------------------	----------------	-----------------------

Debtor:
Spouse:
N/A

None
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	--------------------------

None
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	--------------------	----------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF
PROCEEDING

COURT OR
AGENCY AND
LOCATION

STATUS OR
DISPOSITION

None
☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF
SEIZURE

DESCRIPTION
AND VALUE
OF PROPERTY

5. Repossessions, foreclosures and returns

None
☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR OR SELLER

DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION
AND VALUE
OF PROPERTY

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

NAME AND LOCATION
OF COURT

DATE OF

DESCRIPTION
AND VALUE

OF CUSTODIAN CASE TITLE & NUMBER ORDER OF PROPERTY

7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

9. Payments related to debt counseling or bankruptcy

None
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

Debtor: ALBERT KNOWLES 6109 S Western Avenue Suite 207 Los Angeles, CA 90047	01/31/2014	\$200.00 Chapter 7 Bankruptcy Petition
---	------------	---

Spouse:
N/A

10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of

this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	---	--

12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------------	--

13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another person

None
☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None
☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None
☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None
a. List the name and address of every site for which the debtor has received notice in writing by a governmental

- ☒ unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

- None
☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

- None
☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18 . Nature, location and name of business

- None
☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Debtor: Jones Automotive	2135/	3951 1/2 3rd Avenue Los Angeles, CA 90008	Automotive Repair	Beginning Date: 15yrs Closed 10/2011 Ending Date: 10/2011

Spouse:

- None
☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None
☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Debtor:

Edward Jones
3951 1/2 3rd Avenue
Los Angeles, CA 90008

Last three years

Duane L Jones
3951 1/2 3rd Avenue
Los Angeles, CA 90008

2012

Spouse:

- None
☒ b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

Debtor:

Spouse:

N/A

- None
☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Debtor:

Spouse:

Duane L Jones

3951 1/2 3rd Avenue

Los Angeles, CA 90008

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

Debtor:
Wells Fargo Home
PO Box 30427
Los Angeles, CA 90030

2012

Spouse:
N/A

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

Debtor:
N/A

Spouse:
N/A

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

Debtor:
N/A

N/A

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
N/A		

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 2-26-14

Signature
of Debtor

Signature of
Joint Debtor
(if any)

Date

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

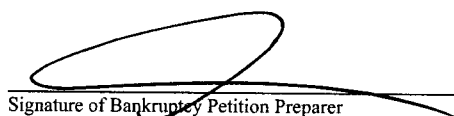
I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Albert Knowles dba The Bankruptcy Clinic,
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

565-40-6010
Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

6109 S Western Ave Suite 207
Los Angeles, California 90047
Address


Signature of Bankruptcy Petition Preparer

2/26/2014
Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156

None
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

N/A

22. Former partners, officers, directors and shareholders

None
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

N/A

None
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

N/A

23. Withdrawals from a partnership or distributions by a corporation

None
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION
AND VALUE OF PROPERTY

N/A

24. Tax Consolidation Group.

None
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

United States Bankruptcy Court
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

In re DUANE LA SALLE JONES,
Debtor

Case No. 2:14-bk-12798-VZ

Chapter 13

**DECLARATION AND SIGNATURE OF NON-ATTORNEY
BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared the accompanying document(s) listed below for compensation and have provided the debtor with a copy of the document(s) and the attached notice as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Accompanying documents:
Schedules A-J, Chapter 13 Plan, Form -
22, Stmt of Fin Affairs, Notice of 341
Meeting and Confirmation Hearing,
Summary of Schedules, Declaration
Concerning Debtors Schedules, Statistical
Summary of Certain Liabilities, and
Certification of Employment

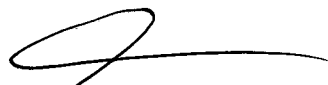
Printed or Typed Name and Title, if any, of
Bankruptcy Petition Preparer:
Albert Knowles dba The Bankruptcy
Clinic,
Social-Security No. of Bankruptcy Petition
Preparer (Required by 11 U.S.C. § 110):
565-40-6010

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

6109 S Western Ave Suite 207
Los Angeles, California 90047

Address

X


Signature of Bankruptcy Petition Preparer


Date

Names and social-security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

None

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

NOTICE TO DEBTOR BY NON-ATTORNEY BANKRUPTCY PETITION PREPARER

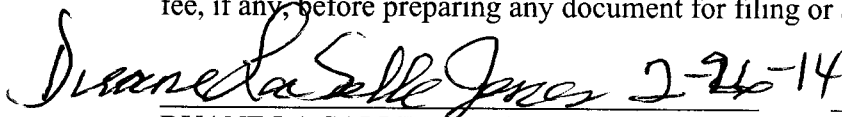
[Must be filed with any document(s) prepared by a bankruptcy petition preparer.]

I am a bankruptcy petition preparer. I am not an attorney and may not practice law or give legal advice. Before preparing any document for filing as defined in § 110(a)(2) of the Bankruptcy Code or accepting any fees, I am required by law to provide you with this notice concerning bankruptcy petition preparers. Under the law, § 110 of the Bankruptcy Code (11 U.S.C. § 110), I am forbidden to offer you any legal advice, including advice about any of the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether commencing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to retain your home, car, or other property after commencing a case under the Bankruptcy Code;
- the tax consequences of a case brought under the Bankruptcy Code;
- the dischargeability of tax claims;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement with a creditor to reaffirm a debt;
- how to characterize the nature of your interests in property or your debts; or
- bankruptcy procedures and rights.

[The notice may provide additional examples of legal advice that a bankruptcy petition preparer is not authorized to give.]

In addition, under 11 U.S.C. § 110(h), the Supreme Court or the Judicial Conference of the United States may promulgate rules or guidelines setting a maximum allowable fee chargeable by a bankruptcy petition preparer. As required by law, I have notified you of this maximum allowable fee, if any, before preparing any document for filing or accepting any fee from you.

 2-24-14

DUANE LA SALLE JONES
Signature of Debtor

Date

Joint Debtor (if any)

Date

[In a joint case, both spouses must sign.]

February 2006

2006 USBC Central District of California

UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re DUANE LA SALLE JONES Debtor(s).	CHAPTER: 13 CASE NO.: 2:14-bk-12798-VZ

**DEBTOR'S CERTIFICATION OF EMPLOYMENT INCOME
PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

Please fill out the following blank(s) and check the box next to one of the following statements:

I, **DUANE LA SALLE JONES**, the debtor in this case, declare under penalty
(Print Name of Debtor)

of perjury under the laws of the United States of America that:


- ☒ I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)
- ☐ I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.
- ☐ I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

I, _____, the debtor in this case, declare under penalty of
(Print Name of Joint Debtor, if any)

perjury under the laws of the United States of America that:

- ☐ I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)
- ☐ I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.
- ☐ I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

Date 2-26-14

Signature 
Debtor

Date _____

Signature _____
Joint Debtor (if any)



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 12/28/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25300
Advice Date: 01/08/2014

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
8.00	HO	Holiday Hours	205.18	02	Fed Withholding	19.67	19.67	32	Loc 721 PAC	0.50	0.50
20.00	HW	Hours Worked	512.96	01	State Withholding	20.32	20.32	35	City Parking	15.81	15.81
40.00	SK	100% Sick Time	1,025.91	04	Retirement	123.11	123.11	53	SEIU Loc 721 Dues	27.89	27.89
12.00	VC	Vacation	307.77	07	FICA Medicare	29.64	29.64	58	SEIU Loc 721 Benefits	12.50	12.50
				04D	ERIP Recovery	20.52	20.52	64	ACEBSA	12.80	12.80
				04C	Ret Health Defrayal	82.07	82.07	74	UN Negro college Fd	2.50	2.50
								80	LAABP	68.63	68.63
								FD	Dental Plan - Civilian	3.81	3.81
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.79	29.79
Gross Pay			2,051.82	Total Taxes & Ret/Pen			295.33				
TOTAL GROSS			2,051.82	TOTAL TAXES & RET/PEN			295.33	TOTAL DEDUCTIONS			
IMPUTED INCOME			26.02	TOTAL DEDUCTIONS			174.23	NET PAY			
Current			2,051.82	Current			2,051.82	Current			
YTD			2,051.82	YTD			2,051.82	YTD			
Total Deductions			174.23	Total Deductions			174.23	Total Deductions			

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time
Prior Balance	168.50	836.00	840.00	320.00	3.20						41.00	
Earned	16.00						16					
Used	12.00	40.00					16					
Adjusted												
New Balance	172.50	796.00	840.00	320.00	3.20						41.00	

Messages: W4 EXEMPT EMPLOYEES: RE-FILE TO STAY TAX EXEMPT BEFORE 2/15/14!

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 01/08/2014 ADVICE NO: 25300

DEPOSIT ONE THOUSAND FIVE HUNDRED EIGHTY-TWO DOLLARS AND 26/100***** DOLLARS ****\$ *****1,582.26
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 12/28/2013

To the
Account
of
DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 12/14/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25287
Advice Date: 12/24/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
16.00	FH	Floating Holiday	410.36	02	Fed Withholding	21.77	567.88	32	Loc 721 PAC	0.50	12.00
60.00	HW	Hours Worked	1,538.87	01	State Withholding	21.30	546.17	35	City Parking	15.81	379.44
4.00	VC	Vacation	102.59	04	Retirement	123.11	3,171.04	53	SEIU Loc 721 Dues	27.89	663.12
				04D	ERIP Recovery	20.52	528.48	58	SEIU Loc 721 Benefits	12.50	300.00
				04C	Ret Health Defrayal	82.07	2,113.94	64	ACEBSA	12.80	307.20
				07	FICA Medicare	29.64	765.83	74	UN Negro college Fd	2.50	60.00
								80	LAABP	68.63	1,647.12
								FD	Dental Plan - Civilian	3.78	90.72
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	701.52
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	7,693.34				
TOTAL GROSS		IMPUTED INCOME	25.37	TOTAL TAXES & RET/PEN		298.41	173.64	NET PAY			
Current		2,051.82	25.37			298.41	173.64				
YTD		52,999.48	608.88			7,693.34	4,161.12				
				Total Deductions		173.64	4,161.12				

LEAVE BALANCE HOURS											
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD
Prior Balance	172.50	836.00	840.00	320.00	3.20						41.00
Earned							16				
Used	4.00						16				
Adjusted											
New Balance	168.50	836.00	840.00	320.00	3.20						41.00

Messages: RECYCLE YOUR CHRISTMAS TREE-PLACE IT AT THE CURB-INFO-800.773.2489

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 12/24/2013 ADVICE NO: 25287

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 12/14/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 11/30/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25469
Advice Date: 12/11/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
16.00	HO	Holiday Hours	410.36	02	Fed Withholding	21.77	546.11	32	Loc 721 PAC	0.50	11.50
50.00	HW	Hours Worked	1,282.39	01	State Withholding	21.30	524.87	35	City Parking	15.81	363.63
14.00	VC	Vacation	359.07	04	Retirement	123.11	3,047.93	53	SEIU Loc 721 Dues	27.89	635.23
				04D	ERIP Recovery	20.52	507.96	58	SEIU Loc 721 Benefits	12.50	287.50
				04C	Ret Health Defrayal	82.07	2,031.87	64	ACEBSA	12.80	294.40
				07	FICA Medicare	29.64	736.19	74	UN Negro college Fd	2.50	57.50
								80	LAABP	68.63	1,578.49
								FD	Dental Plan - Civilian	3.78	86.94
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	672.29
Gross Pay			2,051.82	Total Taxes & Ret/Pen			298.41	Total Deductions			
TOTAL GROSS			2,051.82	TOTAL TAXES & RET/PEN			298.41	TOTAL DEDUCTIONS			173.64
IMPUTED INCOME			25.37	NET PAY			1,579.77				
Current			2,051.82	Current			173.64	Current			173.64
YTD			50,947.66	YTD			3,987.48	YTD			3,987.48

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time
Prior Balance	170.50	836.00	840.00	320.00	3.20						41.00	
Earned	16.00						16					
Used	14.00											
Adjusted												
New Balance	172.50	836.00	840.00	320.00	3.20		16				41.00	

Messages: RECYCLE YOUR CHRISTMAS TREE-PLACE IT AT THE CURB-INFO-800.773.2489

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 12/11/2013 ADVICE NO: 25469

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77

Wells Fargo Bank, N.A.

Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 11/30/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 11/16/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25451
Advice Date: 11/27/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
8.00	HO	Holiday Hours	205.18	02	Fed Withholding	21.77	524.34	32	Loc 721 PAC	0.50	11.00
30.00	HW	Hours Worked	769.43	01	State Withholding	21.30	503.57	35	City Parking	15.81	347.82
42.00	VC	Vacation	1,077.21	04	Retirement	123.11	2,924.82	53	SEIU Loc 721 Dues	27.89	607.34
				04C	Ret Health Defrayal	82.07	1,949.80	58	SEIU Loc 721 Benefits	12.50	275.00
				04D	ERIP Recovery	20.52	487.44	64	ACEBSA	12.80	281.60
				07	FICA Medicare	29.64	706.55	74	UN Negro college Fd	2.50	55.00
								80	LAABP	68.63	1,509.86
								FD	Dental Plan - Civilian	3.78	83.16
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	643.06
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	7,096.52				
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN	TOTAL DEDUCTIONS		NET PAY					
Current	2,051.82	25.37	298.41	173.64		1,579.77					
YTD	48,895.84	558.14	7,096.52	3,813.84		37,985.48		Total Deductions			
								173.64		3,813.84	

LEAVE BALANCE HOURS											
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD
Prior Balance	212.50	836.00	840.00	320.00	3.20						41.00
Earned							16				
Used	42.00										
Adjusted											
New Balance	170.50	836.00	840.00	320.00	3.20		16				41.00

Messages: FILE A FORM 700? GIFT LIMITS APPLY. VISIT ETHICS.LACITY.ORG

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 11/27/2013 ADVICE NO: 25451

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 11/16/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 11/02/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25433
Advice Date: 11/13/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION			
Hours	CD	Description	Current
20.00	HW	Hours Worked	512.96
10.00	SK	100% Sick Time	256.47
50.00	VC	Vacation	1,282.39
Gross Pay			2,051.82
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN
Current		2,051.82	25.37
YTD		46,844.02	532.77

TAXES AND RETIREMENT/PENSION			
CD	Description	Current	YTD
02	Fed Withholding	21.77	502.57
01	State Withholding	21.30	482.27
04	Retirement	123.11	2,801.71
04C	Ret Health Defrayal	82.07	1,867.73
04D	ERIP Recovery	20.52	466.92
07	FICA Medicare	29.64	676.91
Total Taxes & Ret/Pen		298.41	6,798.11
TOTAL DEDUCTIONS		TOTAL TAXES & RET/PEN	NET PAY
Current		298.41	1,579.77
YTD		6,798.11	36,405.71

DEDUCTIONS			
CD	Description	Current	YTD
32	Loc 721 PAC	0.50	10.50
35	City Parking	15.81	332.01
53	SEIU Loc 721 Dues	27.89	579.45
58	SEIU Loc 721 Benefits	12.50	262.50
64	ACEBSA	12.80	268.80
74	UN Negro college Fd	2.50	52.50
80	LAABP	68.63	1,441.23
FD	Dental Plan - Civilian	3.78	79.38
FH	Health Plan - Civilian	0.00	0.00
FL	Supplemental Life Ins	29.23	613.83
Total Deductions		173.64	3,640.20

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time
Prior Balance	262.50	846.00	840.00	320.00	3.20						41.00	
Earned							16					
Used	50.00	10.00										
Adjusted												
New Balance	212.50	836.00	840.00	320.00	3.20		16				41.00	

Messages: GOT BULKY ITEMS? LIVE IN AN APARTMENT? CALL 1-800-773-2489 WE HAUL

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 11/13/2013 ADVISE NO: 25433

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 11/02/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 10/19/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25416
Advice Date: 10/30/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
8.00	HO	Holiday Hours	205.18	02	Fed Withholding	24.11	480.80	32	Loc 721 PAC		10.00
40.00	HW	Hours Worked	1,025.91	01	State Withholding	22.33	460.97	35	City Parking		316.20
10.00	SK	100% Sick Time	256.48	04	Retirement	123.11	2,678.60	53	SEIU Loc 721 Dues		551.56
22.00	VC	Vacation	564.25	07	FICA Medicare	29.75	647.27	58	SEIU Loc 721 Benefits		250.00
				04D	ERIP Recovery	20.52	446.40	64	ACEBSA		256.00
				04C	Ret Health Defrayal	82.07	1,785.66	74	UN Negro college Fd		50.00
								80	LAABP		1,372.60
								FD	Dental Plan - Civilian		75.60
								FH	Health Plan - Civilian		0.00
								FL	Supplemental Life Ins		584.60
Gross Pay			2,051.82	Total Taxes & Ret/Pen		301.89	6,499.70				
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN	TOTAL DEDUCTIONS		NET PAY					
Current		2,051.82	301.89			1,749.93					
YTD		44,792.20	507.40	6,499.70		3,466.56		3,466.56			
Total Deductions											3,466.56

LEAVE BALANCE HOURS											
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD
Prior Balance	268.50	856.00	840.00	320.00	3.20						41.00
Earned	16.00						16				
Used	22.00	10.00									
Adjusted											
New Balance	262.50	846.00	840.00	320.00	3.20		16				41.00

Messages:

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 10/30/2013 ADVICE NO: 25416

DEPOSIT ONE THOUSAND SEVEN HUNDRED FORTY-NINE DOLLARS AND 93/100***** DOLLARS ****\$ *****1,749.93

Wells Fargo Bank, N.A.

Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 10/19/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 10/05/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25410
Advice Date: 10/16/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
70.00	HW	Hours Worked	1,795.34	02	Fed Withholding	21.77	456.69	32	Loc 721 PAC	0.50	10.00
10.00	VC	Vacation	256.48	01	State Withholding	21.30	438.64	35	City Parking	15.81	316.20
				04	Retirement	123.11	2,555.49	53	SEIU Loc 721 Dues	27.89	551.56
				04D	ERIP Recovery	20.52	425.88	58	SEIU Loc 721 Benefits	12.50	250.00
				04C	Ret Health Defrayal	82.07	1,703.59	64	ACEBSA	12.80	256.00
				07	FICA Medicare	29.64	617.52	74	UN Negro college Fd	2.50	50.00
								80	LAABP	68.63	1,372.60
								FD	Dental Plan - Civilian	3.78	75.60
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	584.60
Gross Pay			2,051.82	Total Taxes & Ret/Pen			298.41				
TOTAL GROSS			2,051.82	TOTAL TAXES & RET/PEN			298.41	TOTAL DEDUCTIONS			173.64
Current			2,051.82	Current			298.41	Current			173.64
YTD			42,740.38	YTD			6,197.81	YTD			3,466.56
IMPUTED INCOME			25.37	NET PAY			1,579.77				
YTD			507.40	YTD			33,076.01				

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time
Prior Balance	278.50	856.00	840.00	320.00	3.20						41.00	
Earned							16					
Used	10.00											
Adjusted												
New Balance	268.50	856.00	840.00	320.00	3.20		16				41.00	

Messages:

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 10/16/2013 ADVISE NO: 25410

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 10/05/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.

Advice No: 25389
Advice Date: 10/02/2013

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
80.00	HW	Hours Worked	2,051.82	02	Fed Withholding	21.77	434.92	32	Loc 721 PAC	0.50	9.50
				01	State Withholding	21.30	417.34	35	City Parking	15.81	300.39
				04	Retirement	123.11	2,432.38	53	SEIU Loc 721 Dues	27.89	523.67
				04C	Ret Health Defrayal	82.07	1,621.52	58	SEIU Loc 721 Benefits	12.50	237.50
				04D	ERIP Recovery	20.52	405.36	64	ACEBSA	12.80	243.20
				07	FICA Medicare	29.64	587.88	74	UN Negro college Fd	2.50	47.50
								80	LAABP	68.63	1,303.97
								FD	Dental Plan - Civilian	3.78	71.82
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	555.37
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	5,899.40				
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN	TOTAL DEDUCTIONS		NET PAY					
Current	2,051.82	25.37	298.41	173.64		1,579.77					
YTD	40,688.56	482.03	5,899.40	3,292.92		31,496.24					
								Total Deductions			
								173.64 3,292.92			

LEAVE BALANCE HOURS													
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time	
Prior Balance	262.50	856.00	840.00	320.00	3.20						41.00		
Earned	16.00						16						
Used													
Adjusted													
New Balance	278.50	856.00	840.00	320.00	3.20		16				41.00		

Messages:

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

Date: 10/02/2013 **ADVICE NO:** 25389

Account No. XXXXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 09/21/2013

DUANE L JONES

FILE COPY

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.

Advice No: 25391
Advice Date: 09/18/2013

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
8.00	HO	Holiday Hours	205.18	02	Fed Withholding	21.77	413.15	32	Loc 721 PAC	0.50	9.00
60.00	HW	Hours Worked	1,538.87	01	State Withholding	21.30	396.04	35	City Parking	15.81	284.58
10.00	SK	100% Sick Time	256.47	04	Retirement	123.11	2,309.27	53	SEIU Loc 721 Dues	27.89	495.78
2.00	VC	Vacation	51.30	04C	Ret Health Defrayal	82.07	1,539.45	58	SEIU Loc 721 Benefits	12.50	225.00
				04D	ERIP Recovery	20.52	384.84	64	ACEBSA	12.80	230.40
				07	FICA Medicare	29.64	558.24	74	UN Negro college Fd	2.50	45.00
								80	LAABP	68.63	1,235.34
								FD	Dental Plan - Civilian	3.78	68.04
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	526.14
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	5,600.99				
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN	TOTAL DEDUCTIONS		NET PAY					
Current	2,051.82	25.37	298.41	173.64		1,579.77					
YTD	38,636.74	456.66	5,600.99	3,119.28		29,916.47					
								Total Deductions		173.64	3,119.28

LEAVE BALANCE HOURS													
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time	
Prior Balance	264.50	866.00	840.00	320.00	3.20						41.00		
Earned							16						
Used	2.00	10.00											
Adjusted													
New Balance	262.50	856.00	840.00	320.00	3.20		16				41.00		

Messages: COMING SOON ... FLEX BENEFITS ENROLLMENT - OCTOBER 1-31, 2013

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

Fund 825
General Payroll/Reimbursement

Date: 09/18/2013 **ADVICE NO: 25391**

Wells Fargo Bank, N.A.

Account No. XXXXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 09/07/2013

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.

Advice No: 25438
Advice Date: 09/04/2013

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
80.00	HW	Hours Worked	2,051.82	02	Fed Withholding	21.77	391.38	32	Loc 721 PAC	0.50	8.50
				01	State Withholding	21.30	374.74	35	City Parking	15.81	268.77
				04	Retirement	123.11	2,186.16	53	SEIU Loc 721 Dues	27.89	467.89
				04C	Ret Health Defrayal	82.07	1,457.38	58	SEIU Loc 721 Benefits	12.50	212.50
				04D	ERIP Recovery	20.52	364.32	64	ACEBSA	12.80	217.60
				07	FICA Medicare	29.64	528.60	74	UN Negro college Fd	2.50	42.50
								80	LAABP	68.63	1,166.71
								FD	Dental Plan - Civilian	3.78	64.26
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	496.91
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	5,302.58				
TOTAL GROSS		IMPUTED INCOME	TOTAL TAXES & RET/PEN	TOTAL DEDUCTIONS		NET PAY					
Current	2,051.82	25.37	298.41	173.64		1,579.77					
YTD	36,584.92	431.29	5,302.58	2,945.64		28,336.70					
								Total Deductions		173.64	2,945.64

LEAVE BALANCE HOURS													
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time	
Prior Balance	248.50	866.00	840.00	320.00	3.20						41.00		
Earned	16.00						16						
Used													
Adjusted													
New Balance	264.50	866.00	840.00	320.00	3.20		16				41.00		

Messages:

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.



Date: 09/04/2013 **ADVICE NO: 25438**

DEPOSIT		<u>ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100*****</u>		DOLLARS *****\$ 1,579.77	
Wells Fargo Bank, N.A.		Account No.		XXXXXXXXXXXXXXXX6313	
Dept	Div	PPE			
4302	421	08/24/2013			

Dept 4302 Div 421 PPE 08/24/2013

DUANE L JONES

FILE COPY

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 08/10/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25476
Advice Date: 08/21/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
60.00	HW	Hours Worked	1,538.87	02	Fed Withholding	21.77	369.61	32	Loc 721 PAC	0.50	8.00
20.00	VC	Vacation	512.95	01	State Withholding	21.30	353.44	35	City Parking	15.81	252.96
				04	Retirement	123.11	2,063.05	53	SEIU Loc 721 Dues	27.89	440.00
				04C	Ret Health Defrayal	82.07	1,375.31	58	SEIU Loc 721 Benefits	12.50	200.00
				04D	ERIP Recovery	20.52	343.80	64	ACEBSA	12.80	204.80
				07	FICA Medicare	29.64	498.96	74	UN Negro college Fd	2.50	40.00
								80	LAABP	68.63	1,098.08
								FD	Dental Plan - Civilian	3.78	60.48
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	467.68
Gross Pay			2,051.82	Total Taxes & Ret/Pen			298.41				
TOTAL GROSS			2,051.82	TOTAL TAXES & RET/PEN			298.41	Total Deductions			
IMPUTED INCOME			25.37	TOTAL DEDUCTIONS			173.64	NET PAY			
Current			2,051.82	Current			1,579.77				
YTD			34,533.10	YTD			26,756.93				

LEAVE BALANCE HOURS													
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time	
Prior Balance	268.50	866.00	840.00	320.00	3.20						41.00		
Earned							16						
Used	20.00												
Adjusted													
New Balance	248.50	866.00	840.00	320.00	3.20		16				41.00		

Messages:

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 08/21/2013 ADVICE NO: 25476

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS *****\$ *****1,579.77

Wells Fargo Bank, N.A.

Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 08/10/2013

To the
Account
of

DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 07/27/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25505
Advice Date: 08/07/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
80.00	HW	Hours Worked	2,051.82	02	Fed Withholding	21.77	347.84	32	Loc 721 PAC	0.50	7.50
				01	State Withholding	21.30	332.14	35	City Parking	15.81	237.15
				04	Retirement	123.11	1,939.94	53	SEIU Loc 721 Dues	27.89	412.11
				04C	Ret Health Defrayal	82.07	1,293.24	58	SEIU Loc 721 Benefits	12.50	187.50
				04D	ERIP Recovery	20.52	323.28	64	ACEBSA	12.80	192.00
				07	FICA Medicare	29.64	469.32	74	UN Negro college Fd	2.50	37.50
								80	LAABP	68.63	1,029.45
								FD	Dental Plan - Civilian	3.78	56.70
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	438.45
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	4,705.76				
TOTAL GROSS		IMPUTED INCOME		TOTAL TAXES & RET/PEN		TOTAL DEDUCTIONS		NET PAY			
Current	2,051.82	25.37		298.41	173.64	1,579.77					
YTD	32,481.28	380.55		4,705.76	2,598.36	25,177.16					
Total Deductions										173.64	2,598.36



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 07/13/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25513
Advice Date: 07/24/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
8.00	HO	Holiday Hours	205.18	02	Fed Withholding	21.77	326.07	32	Loc 721 PAC	0.50	7.00
70.00	HW	Hours Worked	1,795.34	01	State Withholding	21.30	310.84	35	City Parking	15.81	221.34
2.00	VC	Vacation	51.30	04	Retirement	123.11	1,816.83	53	SEIU Loc 721 Dues	27.89	384.22
				04C	Ret Health Defrayal	82.07	1,211.17	58	SEIU Loc 721 Benefits	12.50	175.00
				04D	ERIP Recovery	20.52	302.76	64	ACEBSA	12.80	179.20
				07	FICA Medicare	29.64	439.68	74	UN Negro college Fd	2.50	35.00
								80	LAABP	68.63	960.82
								FD	Dental Plan - Civilian	3.78	52.92
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	409.22
Gross Pay			2,051.82	Total Taxes & Ret/Pen		298.41	4,407.35				
TOTAL GROSS		IMPUTED INCOME		TOTAL TAXES & RET/PEN				TOTAL DEDUCTIONS			NET PAY
Current	2,051.82	25.37		298.41		173.64	1,579.77				
YTD	30,429.46	355.18		4,407.35		2,424.72	23,597.39				
Total Deductions										173.64	2,424.72

LEAVE BALANCE HOURS												
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD	Excess Work Time
Prior Balance	254.50	866.00	840.00	320.00	3.20						41.00	
Earned							16					
Used	2.00											
Adjusted												
New Balance	252.50	866.00	840.00	320.00	3.20		16				41.00	

Messages:

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 07/24/2013 ADVICE NO: 25513

DEPOSIT ONE THOUSAND FIVE HUNDRED SEVENTY-NINE DOLLARS AND 77/100***** DOLLARS ****\$ *****1,579.77
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313

Dept 4302 Div 421 PPE 07/13/2013

To the Account of DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.



CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012

Pay Period Ending Date: 06/29/2013
Salary Anniversary Date: 07/17/1992
Vacation Anniversary Date: 01/17/2014

Advice No: 25726
Advice Date: 07/10/2013

DUANE L JONES Employee ID: 26360	Department: 4302 POLICE CIVILIAN	Tax Data	Federal	State
	Division: 421	Marital Status	Single	Head of Household
	Job Class: 3531-0 GARAGE ATTENDANT	Allowances	10	2
	MOU: 14 SERVICEMEN & CRAFTSMEN	Add'l Amount		

EARNINGS AND OTHER COMPENSATION				TAXES AND RETIREMENT/PENSION				DEDUCTIONS			
Hours	CD	Description	Current	CD	Description	Current	YTD	CD	Description	Current	YTD
60.00	HW	Hours Worked	1,512.20	02	Fed Withholding	18.60	304.30	32	Loc 721 PAC	0.50	6.50
20.00	SK	100% Sick Time	504.06	01	State Withholding	19.90	289.54	35	City Parking	15.81	205.53
				04	Retirement	120.98	1,693.72	53	SEIU Loc 721 Dues	27.41	356.33
				04C	Ret Health Defrayal	80.65	1,129.10	58	SEIU Loc 721 Benefits	12.50	162.50
				04D	ERIP Recovery	20.16	282.24	64	ACEBSA	12.80	166.40
				07	FICA Medicare	29.13	410.04	74	UN Negro college Fd	2.50	32.50
								80	LAABP	68.63	892.19
								FD	Dental Plan - Civilian	3.78	49.14
								FH	Health Plan - Civilian	0.00	0.00
								FL	Supplemental Life Ins	29.23	379.99
Gross Pay			2,016.26	Total Taxes & Ret/Pen		289.42	4,108.94				
TOTAL GROSS		IMPUTED INCOME		TOTAL TAXES & RET/PEN				TOTAL DEDUCTIONS		NET PAY	
Current		2,016.26	25.37	289.42		173.16	1,553.68				
YTD		28,377.64	329.81	4,108.94		2,251.08	22,017.62				
Total Deductions										173.16	2,251.08

LEAVE BALANCE HOURS											
Description	Vacation	Sick 100%	Sick 75%	Sick 50%	OT 1.5	OT 1.0	Floating Holiday YTD	Personal Leave YTD	CPTO	Reduced Hrs Owed	Excess SK Banked YTD
Prior Balance	238.50	886.00	840.00	320.00	3.20						41.00
Earned	16.00						16				
Used		20.00									
Adjusted											
New Balance	254.50	866.00	840.00	320.00	3.20		16				41.00

Messages:

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

CITY OF LOS ANGELES
200 N. Main Street, Suite 300
Los Angeles, CA 90012



Fund 825
General Payroll/Reimbursement

Date: 07/10/2013 ADVICE NO: 25726

DEPOSIT ONE THOUSAND FIVE HUNDRED FIFTY-THREE DOLLARS AND 68/100*****
Wells Fargo Bank, N.A. Account No. XXXXXXXXXXXXX6313 DOLLARS ****\$ *****1,553.68

Dept 4302 Div 421 PPE 06/29/2013

To the Account of DUANE L JONES

FILE COPY

THANK YOU FOR BEING ON DIRECT DEPOSIT

For questions regarding your direct deposit call (213)978-7459 or 978-7404. The amount shown has been direct deposited to your account.

In re **DUANE LA SALLE JONES**

Debtor(s)

Case Number: **2:14-bk-12798-VZ**
(If known)

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
☒ The applicable commitment period is 5 years.
☒ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income												
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 4,100.00	\$												
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%;">\$</td> <td style="width: 35%; text-align: right;">0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$	0.00	b.	Ordinary and necessary business expenses	\$	0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$
a.	Gross receipts	\$	0.00													
b.	Ordinary and necessary business expenses	\$	0.00													
c.	Business income	Subtract Line b from Line a														
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%;">\$</td> <td style="width: 35%; text-align: right;">1,069.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$	1,069.00	b.	Ordinary and necessary operating expenses	\$	150.00	c.	Rent and other real property income	Subtract Line b from Line a		\$ 919.00	\$
a.	Gross receipts	\$	1,069.00													
b.	Ordinary and necessary operating expenses	\$	150.00													
c.	Rent and other real property income	Subtract Line b from Line a														
5	Interest, dividends, and royalties.		\$ 0.00	\$												
6	Pension and retirement income.		\$ 0.00	\$												
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$ 0.00	\$												

8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 20%;">Debtor \$ _____</td> <td style="width: 40%;">Spouse \$ _____</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$ 0.00	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____										
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;"></td> <td style="width: 40%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$ 0.00	b.		\$	\$ 0.00	\$			
a.		\$ 0.00										
b.		\$										
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 5,019.00	\$									
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 5,019.00										
Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD												
12	Enter the amount from Line 11.	\$ 5,019.00										
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;"></td> <td style="width: 40%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$		
a.		\$										
b.		\$										
c.		\$										
	Total and enter on Line 13.	\$ 0.00										
14	Subtract Line 13 from Line 12 and enter the result.	\$ 5,019.00										
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 60,228.00										
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>California</u> b. Enter debtor's household size: <u>1</u>	\$ 47,798.00										
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.											
Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME												
18	Enter the amount from Line 11.	\$ 5,019.00										

19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 19.</p>	a.		\$	b.		\$	c.		\$	\$ 0.00															
a.		\$																								
b.		\$																								
c.		\$																								
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 5,019.00																								
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 60,228.00																								
22	Applicable median family income. Enter the amount from Line 16.	\$ 47,798.00																								
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p>																									
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
24A	<p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ 583.00																								
24B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">60.00</td> <td style="width: 5%;">a2.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">144.00</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td style="text-align: right;">1</td> <td>b2.</td> <td>Number of persons</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td style="text-align: right;">60.00</td> <td>c2.</td> <td>Subtotal</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	60.00	a2.	Allowance per person	144.00	b1.	Number of persons	1	b2.	Number of persons	0	c1.	Subtotal	60.00	c2.	Subtotal	0.00	\$ 60.00
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person	60.00	a2.	Allowance per person	144.00																					
b1.	Number of persons	1	b2.	Number of persons	0																					
c1.	Subtotal	60.00	c2.	Subtotal	0.00																					
25A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ 438.00																								

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td>\$ 1,832.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,832.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$ 1,832.00
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,832.00									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 0.00									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$ 0.00									
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 295.00									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 0.00									
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									

29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" data-bbox="211 315 1347 483"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 135.00									
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ 306.00									
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00									
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.</p>	\$ 0.00									
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ 0.00									
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$ 0.00									
36	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p>	\$ 0.00									
37	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$ 150.00									
38	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.</p>	\$ 3,799.00									
<p align="center">Subpart B: Additional Living Expense Deductions</p> <p align="center">Note: Do not include any expenses that you have listed in Lines 24-37</p>											

39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a.	Health Insurance	\$	238.00		
	b.	Disability Insurance	\$	0.00		
	c.	Health Savings Account	\$	0.00		
Total and enter on Line 39					\$ 238.00	
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____						
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				\$ 0.00	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$ 0.00	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				\$ 0.00	
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$ 0.00	
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$ 0.00	
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.				\$ 5.41	
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.				\$ 243.41	
Subpart C: Deductions for Debt Payment						
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					
		Name of Creditor	Property Securing the Debt	Average Monthly Payment		Does payment include taxes or insurance?
	a.	Beneficial / HSBC	See Attachment 1	\$ 1,918.94		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	b.	Inglewood Park Cemetary	Cemetary plot (still owe 3,000.00)	\$		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	c.	McDowell & Assocaites	See Attachment 2	\$ 50.00		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	See Attachment 3: Future Payments		Total: Add Lines a, b, and c		\$ 1,968.94	

48

Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.

	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
a.			\$
b.			\$
c.			\$
			Total: Add Lines a, b, and c

\$ 0.00

49

Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do not include current obligations, such as those set out in Line 33.**

\$ 0.00

50

Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.

a.	Projected average monthly chapter 13 plan payment.	\$ 227.00
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 4.8
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b

\$ 10.90

51

Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.

\$ 1,979.84

Subpart D: Total Deductions from Income

52

Total of all deductions from income. Enter the total of Lines 38, 46, and 51.

\$ 6,022.25

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53

Total current monthly income. Enter the amount from Line 20.

\$ 5,019.00

54

Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.

\$

55

Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).

\$ 294.77

56

Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.

\$ 6,022.25

57

Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. **You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.**

	Nature of special circumstances	Amount of expense
a.		\$
b.		\$
c.		\$
		Total: Add Lines a, b, and c

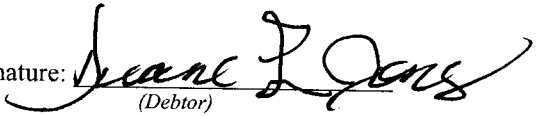
\$ 0.00

58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 6,317.02
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ -1,298.02

Part VI: ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	Total: Add Lines a, b, and c	

Part VII: VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>01/31/2014</u> Date: _____	Signature: <u></u> (Debtor) Signature: _____ (Joint Debtor, if any)

Attachment

Attachment 1

3951-3951 1/2 3rd Avenbue Los Angeles, CA 90008 The debotr has filed motions to remove the recorded lies for Ford Motor Credit and Chrysler. The debtor will file a motion to remove second mortgage Beneficial California

Attachment 2

**Judgment lien-Chrysler
3951-3951 1/2 3rd Ave, Los Angeles, CA 90008
The Debtor has filed motions to remove
recorded liens for Ford Motor Credit and Chrysler**

Attachment 3: Future Payments

**Name of Creditor: McDowell & Associates
Property Securing the Debt: Judgment-Ford Motor Credit
3951-3951 1/2 3rd Avenue Los
Angeles, CA 90008 The debtor
has filed motions to remove recorded
liens for Ford Motor Credit and Chrysler
The debtor will file a motion to remove the
second mortgage, Beneficial California.**

**Average Monthly Payment: \$0.00
Does payment include taxes or insurance?: No**

**Name of Creditor: Wells Fargo Home Mortgage
Property Securing the Debt: 3951-3951 1/2 3rd Avenue, Los Angeles, CA 90008
The debtor has filed motions to remove recorded liens
for Ford Motor Credit and Chrysler. The debtor will
file a motiins to remove the second mortgage,
Beneficial California.
Average Monthly Payment: \$0.00
Does payment include taxes or insurance?:**

3951 1/2 3rd Avenue
Los Angeles, CA 90008

Nancy Curry
Chapter 13 Trustee
600 S. Olive St., Ste 950
Los Angeles, CA 90014

ALBERT KNOWLES dba
The Bankruptcy Clinic
6109 S Western Avenue Suite 207
Los Angeles, CA 90047

DAUNE L JONES
3951 1/2 3RD AVENUE
LOS ANGELES, CA 90008

Bebeficia/HSBC
c/o Asset Acceptance
PO Box 2036
Warren, MI 48090

Beneficial / HSBC
PO Box 3425
Buffalo, NY 14240

Inglewood Park Cemetery
PO Box 6042
Inglewood, CA 90312

Mac Dowell & Associates
3636 Birch St Ste 290
Newport Beach, CA 92660

MacDowell & Associates
3636 Birch St Ste 290
Newport Beach, CA 92660

MacDowell & Associates
3636 Birch St
Newport Beach, CA 92660

Wells Fargo Home Mortgage
PO Box 30427
Los Angeles, CA 90030

McDowell & Assocaites
3636 Birch St Ste 290
Newport Beach, CA 92660

McDowell & Associates
3636 Birch St Stre 290
Newport Beach, CA 92660

Wells Fargo Home Mortgage
PO Box 30427
Los Angles, CA 90030